



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

CONTINUING EDUCATION (CE) ACTIVITY REPORT FORM

ARRT is assessing the continuing education (CE) credits reported on your most recent CE report. Please complete the form below and provide documentation for further review. Refer to additional information below for assistance in this process.

Acceptable CE activities include:

- Those approved and granted Category A or A+ credit by an ARRT Recognized CE Approver
- For state license holders, those approved by a State Licensing Agency (SLA) from: Florida, Illinois, Kentucky, Oregon, or Massachusetts
- Academic courses
- Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS)

For details about CE activity eligibility, visit www.arrt.org and search for the **ARRT Education Requirements for Obtaining and Maintaining Registration and Certification**.

Additional tips for listing CE activities on this report form:

- Please refer to the letter sent with this report form for direct instructions.
- List each CE activity **individually** with their individual reference numbers or details.
- For academic courses listed:
 - Please leave the CE Activity Reference Number column blank
 - For Number of Credits, please enter the amount of CE credits earned. R.T.s are awarded 16.00 Category A CE credits per semester credit or 12.00 Category A CE credits per quarter credit for academic courses that meet CE requirements. (Example: *Biology course granted 3.00 academic semester credits equates to 48.00 Category A CE credits*)
- R.T.'s only need to sign and date the final page of which CE activities are listed. Any unused pages do not need to be signed and returned to ARRT.

****Please be aware that CE activities listed on this form to comply with CE Probation requirements cannot be reported for credit toward the following CE biennium.****

Once you've completed this form, sign, date and return it to ARRT along with official certificate(s) of completion or a full academic transcript if they have not previously been provided. Retain a copy of this form for your records. By submitting this form, you certify that the information provided is true and accurate. By signing the form, you understand that falsification or misrepresentation of this document may lead to revocation of your ARRT certification and registration.

If you have questions, call Continuing Registration at (651) 687-0048, then choose the option for renewal, reinstatement, or continuing education.



Signature

Date _____

(or continue to next page)



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Completion Date		Activity Title	CE Activity Reference Number	Academic Institution (if applicable)	Number of Credits	Category A or A+ credit
MM	YYYY					

Signature

Date

(or continue to next page)



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Completion Date		Activity Title	CE Activity Reference Number	Academic Institution (if applicable)	Number of Credits	Category A or A+ credit
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